Application

Application of this Medical Policy applies to:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Commercial (HBE), INTEGRITY for Duals (FIDE)
Application Excluded for:
Extended Family Planning (EFP), Duals CONNECT (CO-DSNP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

Private Duty Nursing (PDN) is defined as individual and continuous skilled care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of state law and as identified in the member's plan of care. Coverage is provided on a "per hour" or "per block hours" basis, not on basis of unique or intermittent visits. This service is intended for members who have complex medical conditions or disabilities, which are being managed at home. The member's condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards. Private duty nursing is considered supportive to the care provided to a member by their caregiver(s) in maintaining the member at home. It is not intended to replicate the services of a nursing home. The caregiver(s) must be able to safely care for

the member in the absence of the home health agency.

Definitions

Home setting: Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. Hospitals, skilled nursing facilities, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care, will not be considered "home setting." A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

Skilled Care: A skilled service is a service that must be provided by a registered nurse or licensed practical nurse (under the supervision of a registered nurse) in order to be safe and effective. A service is not considered skilled merely because it is performed by or under the direct supervision of a licensed nurse. When the service could be safely and effectively performed by the average non-medical person without direct supervision, the service would not be considered skilled.

Coverage Determination

Adult members may qualify for homecare services through a Home and Community Based Waiver program. Home and Community Based Services (HCBS) are types of person-centered care delivered in the home and community. HCBS address the needs of people with functional limitations who need assistance with everyday activities and enable people to stay in their homes, rather than moving to a facility for care. Rhode Island Medicaid covers an array of Long-Term Services and Supports (LTSS) for adults eligible for HCBS. To be eligible for LTSS-HCBS, an individual must meet Medicaid LTSS eligibility requirements for specific programs and have at least a high level of care need for these services. LTSS eligibility is determined by EOHHS, not Neighborhood.

INTEGRITY for Duals: Successful completion and approval of an LTSS-HCBS waiver application is required for member to receive PDN services.

If for any reason a home care provider cannot fulfill all the hours they are authorized for, the agency must immediately notify Neighborhood within one business day, and coordinate with another Neighborhood contracted agency to meet the member's needs.

Home Health Aide Long Term Care may be considered an alternative for members with complex medical conditions, to support the plan of care, when there are no skilled needs.

Criteria

Prior authorization and medical review are required.

1. Private Duty Nursing services are reasonable and necessary when ALL of the below are met:

    - There is a physician approved written plan of care with short and long-term goals specified that is renewed at least every sixty (60) days, and
    - The member can be safely maintained in the home in the absence of nursing care; and
    - The member's condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards; and
    - The services provided are reasonable and necessary to care for the member's condition and are in accordance with the scope of practice of a licensed nurse; and
    - Medical necessity criteria must be met within the InterQual® Level of Care (LOC): Home Care Q&A: Private Duty Nursing (PDN) Assessment, which is used to determine a range of clinically appropriate PDN hours a member may receive when such care is medically necessary.

2. All regulatory nursing assessments and re-assessments will be covered per regulatory requirements, which mandates an assessment when admitting to services, and with reassessments:
    a. every sixty (60) days; and/or
    b. with changes in member's condition; and/or
    c. with resumption of care after an inpatient admission.

Coding:

CPT Code	Description
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1001	Nursing assessment/evaluation, per diem

Exclusions and Limitations:

Medicaid and INTEGRITY for Duals Members:

1. Must comply with all applicable requirements set forth in RI General Laws, 210-RICR-20-05-1, including but not limited to:
    - Skilled Home Health providers must be certified by the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare program as a provider of home health services.
    - The provider may not assign direct care staff to provide services to a member with whom the direct care staff resides.
    - The provider may not assign direct care staff to provide services to a member to whom the direct care staff has a family relationship. A family relationship is defined as:
        - Parent-child (including stepparent/stepchild) regardless of whether the member is the parent or child of the direct care staff and regardless of the age of the child;
        - Grandparent-grandchild (including step-grandparent/step-grandchild) regardless of whether the member is the grandparent or grandchild of the direct care staff and regardless of the age of the grandchild;
        - Sibling (including stepsiblings); and
        - Spouse
    - The provider may not assign direct care staff to provide services to a member for whom the direct care staff:
        - Has any type of guardianship;
        - Has any type of power of attorney;
        - Is the authorized representative designated on the individual member's application for Medicaid benefits

All covered lines of business:

1. Private Duty Nursing Services:
    - Require a physician's order and physician approved written plan of care that is renewed at least every sixty (60) days.
    - Are not covered:
        - if the member is a resident of a nursing facility, hospital, or licensed residential care facility.
        - if not provided in a home setting, as defined above.
        - respite, companionship, general supervision, infant/child sitting, age-appropriate infant and childcare to provide extra assistance to the caregiver(s), meal services, homemaking, heavy cleaning, household repair, solely to allow the caregiver to work or attend school, or for the member or caregiver's convenience. Lack of an available caregiver does not mean that an otherwise unskilled service becomes a skilled service.
        - when the member is not present in the home.

- When services are custodial in nature. PDN will not be authorized if services can be provided by a lower-level professional. (e.g., CNA).
- if services are provided to anyone besides the member (i.e. family members, others residing in the home, etc.).

- Should be delivered and billed as one-on-one care only. This does not preclude the same provider from delivering services to two people in the same household.

2. Parents or any individual with legal or financial responsibility for the member are not eligible to be reimbursed to provide home care services.
3. Respite care or relief care are only covered for members in the:
   - INTEGRITY for Duals line of business, and
   - Children (20 and younger) in the MED, SUB, & CSN lines of business.
4. PDN Services identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by Neighborhood.
5. The cost of PDN Services must not exceed the cost of care in an institutional setting.
6. Duplication and/or overlap of same/similar services is not allowed. When there is duplication or overlap of services, the lowest level of care needed to safely meet the member's needs may be covered.
7. The following are excluded from coverage under this benefit:
   a. Drugs and Biologics
   b. Services covered under End-Stage Renal Disease programs;
   c. Prosthetic Devices;
   d. Respiratory Care Services;
   e. Dietary and Nutritional Personnel, when not incidental to services required by the care plan
8. Care provided during travel:
   a. Nurses must be applicably licensed in the state they are performing the services in accordance with the applicable state laws.
   b. No additional hours may be requested, authorized, or billed specifically for this purpose.
   c. Neighborhood is approving only the provision of PDN services and accepts no liability or responsibility for travel.
   d. Neighborhood will not approve 2:1 coverage during travel.
9. Agencies may provide transportation when incidental to providing services as approved in the plan of care; however, it is excluded from home health coverage. Costs of transportation of equipment, materials, supplies, or staff may be allowable as administrative costs, but no separate payment will be made, and no additional hours may be requested or billed specifically for this purpose. Neighborhood is approving only the provision of PDN services and accepts no liability or responsibility for transportation. The inclusion of transportation as

part of a Treatment Plan must relate to facilitating the accomplishment of defined and previously approved treatment objectives. Transportation can only relate to the member receiving PDN services and is not to be included in a treatment plan solely for convenience. The provider/agency must demonstrate that it has procedures in place to protect the safety of child being transported by staff and vehicles engaged in transportation:

a. Current and adequate vehicle insurance that allows for transporting children.
b. Current vehicle registration and valid State inspection.
c. The driver's history must be free of accidents for the past year, with no history of DWI. Parents have signed a waiver for each driver releasing any Neighborhood liability and responsibility for anything that occurs as a result of transportation activities.
d. Neighborhood will not approve 2:1 coverage during transportation.
e. Seat belts and/or child restraints must be utilized as required by State law.

10. Must meet all applicable requirements and guidelines within the RI Medicaid Provider Reference Manual Home & Community Based Services.
11. Home care and home health providers must remain in compliance with all applicable Rhode Island General Laws and Rhode Island Department of Health regulations.

References:

- State of Rhode Island Executive Office of Health and Human Services. Pediatric Private Duty Nursing Policy Guidance Document.
- State of Rhode Island Executive Office of Health and Human Services. RI Medicaid Provider Reference Manual Home & Community Based Services
- Rhode Island General Laws, Title 210 – Executive Office of Health and Human Services, Chapter 20 - Medicaid Payments and Providers, Subchapter 05 - Requirements and Limits Applicable to Specific Providers, Part 1 – Home Care and Home Health Providers.
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference Guide.

CMP Number:	022
CMP Cross Reference:	**#020 – Home Care Services** **#021 – Skilled Home Health**
Created:	03/01/07
Annual Review Month:	December
Review Dates:	3/17/08, 7/06/10, 6/26/12, 2/26/13, 3/01/13, 7/1/13, 11/18/14, 9/1/15, 10/18/16, 5/16/17, 5/14/18, 6/5/19, 6/3/20, 6/9/21,6/15/22, 6/7/23, 12/6/23, 12/11/24, 8/20/25
Revision Dates	7/07/09, 6/25/11, 3/01/13, 7/16/13, 6/30/16, 5/16/17, 5/14/18, 6/15/22, 6/7/23, 12/6/23, 8/20/25
CMC Review Date:	4/12/07, 7/14/09, 7/13/10, 7/14/11, 3/26/13, 7/18/13, 12/29/14, 9/30/15, 11/14/16, 5/25/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23, 12/6/23, 12/11/24, 8/20/25
Medical Director Approval Dates:	4/12/07, 7/14/09, 7/13/10, 7/14/11, 3/26/13, 7/18/13, 12/29/14, 9/30/15, 11/14/16, 5/25/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23, 12/6/23, 12/11/24, 8/20/25
Medical Director Approval Dates:	9/30/15, 7/1/16, 11/21/16, 5/25/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23, 12/6/23, 12/11/24, 8/20/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.